

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.

10/562066
Applicant

Filing Date

CLAIMS

	AS FILED		AFTER (IN AMENDMENT)		AFTER (IN AMENDMENT)			AS FILED		AFTER (IN AMENDMENT)		AFTER (IN AMENDMENT)	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS	70						TOTAL CLAIMS						